



State of California

Secretary of State

RENEWAL OF TRADEMARK OR SERVICE MARK

Pursuant to Business and Professions Code Section 14217

IMPORTANT – Read instructions before completing this form.

RENEWAL APPLICATION FOR: <input type="checkbox"/> TRADEMARK <input type="checkbox"/> SERVICE MARK		
1. REGISTRANT NAME		
2. BUSINESS ADDRESS		
CITY	STATE	ZIP CODE
3. BUSINESS STRUCTURE (Check One)		
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> CORPORATION (State of Incorporation) _____</div><div><input type="checkbox"/> SOLE PROPRIETOR</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> LIMITED LIABILITY COMPANY (State of Organization) _____</div><div><input type="checkbox"/> SPOUSES, AS COMMUNITY PROPERTY</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> LIMITED PARTNERSHIP (State of Organization) _____</div><div><input type="checkbox"/> DOMESTIC PARTNERS, AS COMMUNITY PROPERTY</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> GENERAL PARTNERSHIP (State of Organization) _____</div><div><input type="checkbox"/> OTHER (Describe) _____</div></div>		
4. NAMES OF GENERAL PARTNERS, IF REGISTRANT IS A PARTNERSHIP		
5. NAME AND/OR DESCRIPTION OF TRADE/SERVICE MARK		
6. TRADE/SERVICE MARK REGISTRATION NUMBER	7. DATE OF REGISTRATION	
8. The mark has been and is still in use within the State of California by the registrant in the form and manner specified in the present registration. I certify under penalty of perjury under the laws of the state of California that the foregoing statement is true and correct.		
DATE _____		
SIGNATURE OF AUTHORIZED PERSON _____		TYPE OR PRINT NAME AND TITLE _____
9. RETURN ACKNOWLEDGMENT TO: (Type or Print)		THIS SPACE FOR FILING OFFICER USE TRADE/SERVICE MARK
NAME [_____]		REG. NO. _____
ADDRESS _____		RENEWAL NO. _____
CITY/STATE/ZIP [_____]		

INSTRUCTIONS FOR COMPLETING RENEWAL OF TRADEMARK OR SERVICE MARK

Application for renewal must be received by the Secretary of State within (but not before) the six month period prior to the date of expiration of the current registration together with the renewal fee of \$30.00 per classification.

Include with the application three "identical" (meaning: three of the same) original specimens that show how the mark is used on the goods or in connection with services identified in the application. The specimens should be no larger than 8 ½" x 11" and should lay flat. Specimens that have been altered or defaced in any manner are not acceptable. Do not submit metal of any kind, words typed on cards or sheets of paper. Computer generated prototypes are not acceptable.

Type or print in blue or black ink. Mail your application with original signature, filing fee, and the specimens indicating current use to the Secretary of State, Trademark Unit, P.O. Box 942877, Sacramento, CA 94277-0001.

Please indicate at the top of the application which type of registration you are renewing. The information required below must match the information provided on the original application.

- Item 1.** Enter the complete name of the owner of the mark.
- Item 2.** Enter the complete business address of the owner of the mark.
- Item 3.** Identify the business structure of the registrant by checking the appropriate box. If a corporation, limited liability company, limited partnership or general partnership is the owner of the mark, please list the state of origination.
- Item 4.** Enter the names of the general partners, if registrant is a partnership.
- Item 5.** Enter the name and/or description of the trade/service mark as registered.
- Item 6.** Enter the trade/service mark registration number(s).
- Item 7.** Enter the original date of registration of the trade/service mark.
- Item 8.** Date, sign, and print the name of the person signing the application. If the registrant is a corporation, limited liability company, or a partnership, please list the title of the person signing the application.
- Item 9.** Enter the name and address of the person or firm to receive the acknowledgment of the filing.